

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002300

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 7

FILED JAN 24 1963

1. PLACE OF DEATH

a. COUNTY

Lafayette

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Lexington

Length of stay in 1b

Life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Residence E. Main St

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Lafayette

c. CITY
OR
TOWN

Lexington

Inside Limits

Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)

East Main Street

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

THOMAS

Middle

BENJAMIN

Last

McALISTER

4. DATE OF DEATH

Month

Day

Year

January

18

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

September 15 1903

9. AGE (last birthday)

59

10. IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Petroleum Sales-service

10b. KIND OF BUSINESS OR INDUSTRY

Retail sales

11. BIRTHPLACE (City and state or country)

Waverly, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Joseph McAlister

13b. MOTHER'S MAIDEN NAME

Myrtle Johnson

14. NAME OF HUSBAND OR WIFE

Velma Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

No

17. INFORMANT

Address Lexington

Mrs. Thomas McAlister Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arterio Sclero. in Heart Disease
with Congestive Failure

INTERVAL BETWEEN ONSET AND DEATH

3 mo

DUE TO (b)

Coronary Thrombosis

3 wks

DUE TO (c)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

10-9-54

to 1-18-63

and last saw him alive on 1-10-63

Death occurred at

3:00

a.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

W E Ward

(Degree or title)

M.D.

22b. ADDRESS

Lexington, Missouri

22c. DATE SIGNED

1-18-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1-20-63

23c. NAME OF CEMETERY OR CREMATORY

MEMORIAL PARK Cemetery

23d. LOCATION (City, town, or county)

Lexington, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Vaughn-Walker

Lexington, Mo.

25. DATE RECD. BY LOCAL REG.

1-19-63

26. REGISTRAR'S SIGNATURE

W E Ward

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

JAN 28 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

David L. Walker

Licensed Embalmer No.

4588

P. O. Address

Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.